

215040616
62762

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 126	Agency Case No. B5-092623	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/05/2015		TIME OF ACCIDENT 0810	STATE USE ONLY								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0814	10/05/2015								
B	48	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N.10TH STREET			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE							
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	2	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY JUDSON STREET											
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
V2/M	14	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN							
E	2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b							
DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO													
VEHICLE NO. 1													
F	1	DRIVER LICENSE NO.	H13295804	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
V1/N	1	DRIVER	RAELYN M SORRELLS		PHONE	4025405426							
V2/N	1	DRIVER ADDRESS	1730 G STREET, LINCOLN, NE		DATE OF BIRTH (MM / DD / YYYY)	01/20/1992							
G	4	OWNER	SAME AS DRIVER		PHONE								
H	5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.							
V1/O	2	LICENSE PLATE PA NO.	TEI280	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V2/O	2	VEHICLE	2007	MAKE	Chevrolet	MODEL	IMPALA	BODY STYLE	4 door Sedan	COLOR	silver / chrome	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2500
V1/O	2	VEHICLE ID NO. (VIN)	2G1WT58K779213721		INSURANCE COMPANY	PROGRESSIVE UNIVERSAL INS.							
V2/O	2	TOWED TO	TOWED BY		POLICY NO.	901727769							
VEHICLE NO. 2													
I	1	DRIVER LICENSE NO.	H13610298	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
V1/P	1	DRIVER	ZOE E STRECKFUSS		PHONE	4025401562							
V2/P	1	DRIVER ADDRESS	4430 LEWIS AVE, LINCOLN, NE 68521		DATE OF BIRTH (MM / DD / YYYY)	08/21/1997							
J	01	OWNER	PAUL ZIEMBA		PHONE	4023041510							
K	02	OWNER ADDRESS	4400 N.10TH ST, LINCOLN, NE 68521		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.							
V1/Q	4	LICENSE PLATE PA NO.	RUZ072	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V2/Q	4	VEHICLE	1999	MAKE	Mazda	MODEL	626	BODY STYLE	4 door Sedan	COLOR	red	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 2000
V1/Q	4	VEHICLE ID NO. (VIN)	1YVGF22C1X5828081		INSURANCE COMPANY	HARTFORD INS.							
V2/Q	02	TOWED TO	TOWED BY		POLICY NO.	55PHF640512-310951							
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F				
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F				
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VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F				

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow

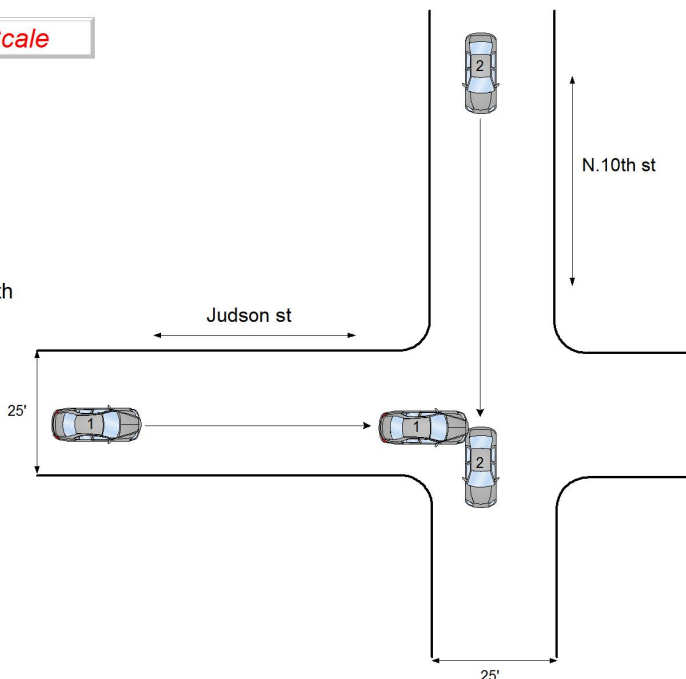


Not To Scale

Approximate POI -

(Veh 1 vs. Veh 2)

- 18 ft South of the North curb of Judson st.
- 8 ft East of the West curb of N.10th st



Officer was sent to investigate a 2 vehicle non injury accident at the intersection of N.10th/Judson st. Officer investigation revealed that this intersection was an unmarked/uncontrolled intersection. Veh 1 was traveling EB on Judson st and struck Veh 2 which was traveling SB on N.10th st. Both drivers stated they did not observe the other until the collision occurred. Both drivers claimed to be driving about 25 mph upon impact. No citations were issued.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	2	VEH 2	1									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																						
1			X		JUDSON STRE				VEHICLE 1		VEHICLE 2		ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian										
2		X			N.10TH STRE				POINT OF IMPACT	01	POINT OF IMPACT	04	ALCOHOL LEVEL TESTED		Y		Y		Y								
1	01				06 Turning left				MOST DAMAGED AREA	01	MOST DAMAGED AREA	04	BAC LEVEL														
2	01				07 Making U-turn														ALCOHOL/DRUGS SUSPECTED		Driver No. 1	Driver No. 2					
				08 Entering traffic lane				00 None											02	03	04			1	1		
				09 Leaving traffic lane				09 Top & windows											01								
				10 Parked				10 Undercarriage											08		07	06					
				11 Slowing or stopped in traffic				11 Total (all areas)																			
				12 Other				12 Other																			
				13 Unknown																							
OFFICER NO.					TROOP/TEAM/BEAT					DEPARTMENT					Photographs taken?					YES NO							
1508					5					Lincoln Police Department																	
INVESTIGATOR NAME (Print or Type)										INVESTIGATOR SIGNATURE										DATE OF REPORT		10/05/2015					
Andrew Nichols										Approved by Officer Andrew Nichols																	